

Cog Hill Golf & Country Club, Inc. 12294 Archer Avenue Lemont, IL 60439 630-257-5872

# **Employment Application**

			Date		
Name	Total		·		
	Last	r	irst	Middle	
Address	-			_	
	Street				
ı	Apt / Unit				
	City	State	Zip	-	
Position applied for:			Home Phone #		
			Mobile Phone #		
			Email		··
			Full Time / Part	t <i>Time / Seasonal</i> (Circle One)	
Have you eve	er worked for this Co	ompany before?	Yes / No		
If yes, please	give dates and posi	tion:			
	rolder? Yes / No rolder? Yes / No		related positions)		

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### **Education / Skills**

		# of Yrs	Did you Graduate?	
Type of School	Name /Location	Attended	Degree Obtained:	Major Course of Study
High School				
College				
Graduate School				
Trade or Business				

Empl	loym	ent	Exper	ience

Are you currently employed? Yes / No		
May we contact your current employer for a reference check?	Yes / No	

LIST YOUR LAST / CURRENT EMPLOYER (S) (most recent first). Account for all time periods including unemployment, self-employment and military service. This section must be completed in full in addition to any attached resume.

Present or Last Employer:	Your title or position	Employed		Reason for leaving
Address:	] 	From (mo/yr)		
City, State, Zip Code:	, <del></del>			
<u> </u>	Name & Title of Last Supervisor	To (mo/yr)		
Phone:	1			
Present or Last Employer:	Your title or position	<u>Employed</u>	ing Assign in a	Reason for leaving
Address:		From (mo/yr)		
City, State, Zip Code:	] ]			
	Name & Title of Last Supervisor	To (mo/yr)		

## Personal References

#### Please list persons who know you well. Not previous employers or relatives

Name	Occupation	Address	(Street, City and State)	Telephone #	Number of Yrs. Known
Name	Occupation	Addicas	(Street, City and State)	reseptione w	113. Kilowii
		<u> </u>			L
Please indicate any actual expe	rience, special training a	nd qualification	ons that you have which	h vou feel are rele	evant
to the position for which you a		are quantitativ	ons that you have while	ir you reer are rere	. • • • • • • • • • • • • • • • • • • •
•					
		<del></del>			
When can you start?					
•				-	
Total Hours available per week				-	
Total Hours available per week				- -	
Total Hours available per week Days available to work				- -	
Total Hours available per week Days available to work For Seasonal Employees Only:				- -	
Total Hours available per week Days available to work For Seasonal Employees Only:				- - consecutive days?	Y / N
Total Hours available per week Days available to work For Seasonal Employees Only:				- - consecutive days?	Y / N
When can you start? Total Hours available per week Days available to work For Seasonal Employees Only: Do you have any commitments If Yes, Please explain:				- - consecutive days?	Y / N
Total Hours available per week Days available to work For Seasonal Employees Only: Do you have any commitments	that would require you	to request tim	ne off for more than 3 c		Y / N

Signature of Applicant

Date



#### **APPLICANT'S STATEMENT AND AGREEMENT**

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for not definite period, and my employment and compensation may be terminated by the *Cog Hill Golf & Country Club*, hereinafter called the "Company" (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company. No supervisor or representative of the Company, other than the President of the Company has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.

In consideration for employment with the Company, if employed, I agree to conform to the rules, regulations, policies and procedures of Company at all times and understand that such commitment is a condition of employment. I also understand that if I am employed, I will offer outstanding, above average customer service, which is Company's primary goal. Furthermore, in consideration for employment or continued employment with the Company, I understand that I may be required to submit to a medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these tests and checks will result in withdrawal of any employment offer or termination of employment if already employed

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE OF APPLICANT DATE

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